

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY	
EFT	PAPER
VENDOR#:	

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE
DFAS	Cole
CONTACT PERSON NAME	PHONE NUMBER
Joy Benne	751-7027

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet):	
ALTERNATIVES TO ABORTION	
TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
September 2018 Payment Contract allows for payment to be made in advance

DFAS USE ONLY--DO NOT WRITE/MARK BELOW
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ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: 487 SW Ward Rd
Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-03

Invoice Date: 9/1/2018

Service Period: September 1 - September 30, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 358,389.70	\$ 179,194.85

Monthly cash on hand adjustment	\$ -
Quarterly expenditure adjustment:	\$ -
Total Due:	\$ 179,194.85
Allocation Remaining	\$ 1,612,753.60

Signature: Marsha Middleton

7-10-18
10:11AM 93.01%
03/11/2018

Approved
9-4-18
J. E. B. [Signature]